



# STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR  
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DEPARTMENT OF HUMAN SERVICES  
CHARLES M. PALMER, DIRECTOR

## INFORMATIONAL LETTER NO. 997

**DATE:** April 4, 2011

**TO:** Iowa Medicaid Hospitals, Physicians, Dentists, Podiatrists, Optometrists, Rural Health Clinics, Clinics, Chiropractors, Maternal Health Centers, Certified Nurse Midwives, Federally Qualified Health Centers, Nurse Practitioners and Indian Health Service Providers

**ISSUED BY:** Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

**RE:** High Technology Radiology Prior Authorizations - UPDATES

**EFFECTIVE:** See Below

It has been a year since implementation of the high technology radiology prior authorization (PA) requirement. As a reminder, these prior authorizations must be created utilizing the online McKesson's Clear Coverage™ process. The ordering provider must give the PA confirmation number (Payor Assigned Number) to the dispensing provider for inclusion on the claim.

The effective date of the high technology radiology PA is the date it was submitted. In order to submit a PA request, the member, provider, diagnosis, requested service, and medical review questions must be completed. If you do not have other necessarily clinical information at that time, you can submit the PA request and return to it at a later time with the necessary information.

High technology radiology PAs can be most efficiently processed when all relevant information is submitted with the request and promptly following up with any requests for additional information.

The IME realizes there are HCPCS codes that may be used to describe high technology radiology services when billed to other payers. However, the IME recognizes only the CPT codes approved on the PA. Any other codes being billed in place of the CPT codes approved on the PA describing high technology radiology services will deny payment.

Exception to policy (ETP) requests for high technology radiology services are typically not approved. ETPs are only for those extraordinary situations that do not allow a prior authorization to be obtained. ETP requests submitted due to forgetting to obtain a PA, requesting the wrong service through the PA process, or submitting a PA for the wrong member will not be approved. Also, an ETP is not needed when a member has received retroactive eligibility. Please refer to Informational Letter No. 960 for the process on how to submit PA requests for members with retroactive eligibility.

**CALCIUM SCORING- No longer a covered service**

Effective July 1, 2011, computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium (CPT code 75571) will no longer be a covered service by Iowa Medicaid. CT scans of the heart with calcium scoring of the coronary artery are not widely used. Their diagnostic value is of uncertain significance; being primarily a prognostic indicator and of most utility in a research setting. Their use is not a part of the current standard of care for any condition and, therefore, are no longer covered.

**COMBINED ABDOMEN & PELVIS CT SCANS- Prior authorization required**

Effective May 2, 2011, combined abdomen and pelvis computed tomography (CPT codes 74176, 74177, and 74178) will require a prior authorization. You will obtain these prior authorizations in the same manner as all other high technology prior authorizations, utilizing the online McKesson's Clear Coverage™ process.

The IME appreciates your partnership as we work together to serve the needs of Iowa Medicaid members. If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, or locally (in Des Moines) at 515-256-4609, or by e-mail at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).